

**ALABAMA STATE BOARD OF MIDWIFERY (ASBM)
PUBLIC RECORDS REQUEST**

Availability Statement: *The Alabama State Board of Midwifery (ASBM) acknowledges the public records access as provided by Code of Alabama §36-12-40(2013); and further defined under Code of Alabama §41-13-1(2013); however, in order to provide said public records and continue to maintain proper office operation, the ASBM stipulates that requests for all public records shall be made in writing and upon receipt of the written request; the ASBM further stipulates that the requested documents will be made available to the requester within twenty (20) working days of the request and payment of required fees, provided that requested records are not covered by known Right to Privacy Limitations or other sensitive document restrictions.*

I, _____, hereby request a copy of the below described records. I understand that an initial research fee of **\$10.00** shall be incurred as the result of any Public Records request.

I, _____, understand that any document requested that requires consultation with or review by legal counsel, before it is released, will require payment of an additional **\$50.00 per hour** fee.

I, _____, understand that any record that requires redaction in order to comply with privacy laws will incur an additional fee of **\$10.00 per hour**.

I, _____, understand **that the minimum fee** for a public records request shall be \$10.00 without attorney review and \$60.00 if attorney review is required for the requested record(s).

The established cost for copies of the records themselves shall be set at **50 cents per page** for 8X11 sized documents. Documents larger than 8X11 shall be copied at a charge of **\$1.00 per page**. Documents that are required to be copied in color are copied at a charge of **\$2.00 per page**. The fee to certify documents has been set at **\$20.00 per set** of documents certified.

All documents issued in response to a subpoena issued by a court of competent jurisdiction shall be at a base cost of **\$100.00** plus an additional fee of **\$1.00 per page**. Said documents shall include a certificate of authenticity.

I fully acknowledge and understand the terms of providing the requested public documents and hereby agree to be invoiced in full for any costs and fees incurred in response to a public records request. A failure by the requestor to pay the invoiced fee shall result in a small claims action being filed against the requestor and the requestor shall be liable for all attorney's fees, pre-judgment interest, and court costs. Said lawsuit will be filed in the Circuit Court of Montgomery County, Alabama and the requestor hereby waives any jurisdiction and venue objections to the lawsuit being filed in the Circuit Court of Montgomery County, Alabama. The requestor further agrees to waive all exemptions, including homestead and personal property exemptions, that may be claimed to preclude execution of a judgment for collection of any debt owed related to the production of public records.

Print name: _____

Signature: _____ Date: _____

Mailing address: _____

City, State, Zip Code: _____

Contact number: _____ Email: _____

Description of Records requested:

Reason records requested¹: _____

Is there a request that the records be certified with a certificate of authenticity document?
 _____ (yes or no).

¹ A governmental body may request the reason for a public records' request to determine if the request is for a legitimate or proper purpose. See Blankenship v. City of Hoover, 590 So. 2d 245 (Ala. 1991); See Person v. Ala. Dep't of Forensic Sciences, 721 So. 2d 203 (Ala. Civ. App. 1998) *rehearing denied*.

For Staff Only (Doc. 2210649):

Date request received: _____ **or Date Subpoena received:** _____

Payment Received Amount: _____

Date Payment Received: _____

Date records mailed: _____

Date request rejected, and reason request rejected: _____
